PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | 10/ 590732 | | | |
|--|--|--|--------------------|--|--|-----------------------|---------------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENT | TITY OTHER THAN OR SMALL ENTITY | | | |
| U.S. | NATIONAL S | STAGE FEES | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minı | us 100 = | / 50 = | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 12 minus 20 = * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | / minus 3 = * | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | ESENT | | | + \$ 180 = | | OR | + \$ 360 = | 360 |
| * If | the difference | in column 1 is l | less than zero | o, enter "0" in | column 2 | TOTAL | | OR | TOTAL | 1260 |
| | , | (Column 1) CLAIMS REMAINING | AMENDED | (Column 2 HIGHEST NUMBER | 2) (Column 3) PRESENT | SMALL E | NTITY ADDI- TIONAL | OR | OTHER 1 SMALL E | |
| ENT A | | AFTER AMENDMENT | | PREVIOUSL PAID FOR | | | FEE | | | FEE |
| AMENDMENT | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| AME | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | <u> </u> | |
| TOTAL ADDIT. FEE OR | | | | | | | | | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Column 2 | 2) (Column 3) | | | | | |
| H B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL PAID FOR | PRESENT LY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| IDME | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDMENT | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| L_ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | |
| | W.A | 4 to love the at the | | Oita NOII ia aa | d 0 | | | | | |
| | If the "Highest No | umn 1 is less than th umber Previously Pa | aid For" IN THIS S | PACE is less that | an '20', enter "20". | | | | | |
| • | - | umber Previously Pa | | | an "3", enter "3". e highest number found | in the appropriate bo | y in column | 1 | | |